



## Independent Contractor Analysis

UCS-6061  
R. 01/01

NOTE: A separate form should be completed for each job class to be ruled upon.

This form is being completed by: ☐ Firm ☐ Worker

Name and Address of Firm: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the Nature of the Firm's Business: \_\_\_\_\_

\_\_\_\_\_

Name of Claimant/Worker (if applicable): \_\_\_\_\_ SSN: --

Worker's Federal Employer Identification Number (if applicable): \_\_\_\_\_

Job Title (only one per form): \_\_\_\_\_

Dates of Work of Claimant/Worker: From  To

### ITEMS A – F BELOW ARE TO BE COMPLETED BY THE FIRM ONLY

A) UC Account Number of Firm (if applicable): \_\_\_\_\_

B) Form of Organization: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation  
☐ Other (specify) \_\_\_\_\_

C) Total number of workers in this class considered independent contractors: \_\_\_\_\_

D) Total number of workers in this class considered employees: \_\_\_\_\_

E) If you have both, please explain why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

F) What was the first date the workers in this job class performed services of any kind for the firm: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month) (day) (year)

### INSTRUCTIONS FOR BOTH THE FIRM AND THE WORKER

**Attach copies of any written agreements, billing statements, applications, or contracts between the firm and the worker. If the agreement was oral, please reduce it to writing and attach. If any state or federal agency has ruled on the same job class as this worker or another of the same job class, attach a copy of the ruling. (These documents will not be returned.) Attached:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ALL QUESTIONS MUST BE ANSWERED

1.	Is the work performed at the place of business of the firm? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Can the worker work for a competitor? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Can the worker incur a loss from services performed? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Does the worker use his/her own equipment, or facilities to provide the services (excluding transportation and hand tools)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Are the worker's business or travel expenses reimbursed by the firm? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Is training provided by, or at the direction of, the firm? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Are the worker's services part of the day to day operations of the firm? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Must the services be rendered personally? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Does the worker hire and supervise assistants for the firm? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	A) If yes, does the worker pay the assistant at his/her own expense? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Is there a continuing relationship between the worker and the firm for whom services are performed? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.	Are there set hours of work? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12.	Is the worker required to comply with the firm's instructions about:		
	A) When the work is to be done? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	B) How the work is to be done? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13.	Is the worker required to work the regular business hours of the firm? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14.	Is the worker required to keep the firm informed of the progress of the work? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15.	Does the worker bill the firm for services performed? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16.	Is the worker paid by:		
	A) Salary (hourly, weekly, or monthly)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	B) Commission? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	C) The Job? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17.	Does the firm provide the worker with:		
	A) Health or Life Insurance? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	B) Vacation or Sick Pay? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	C) Retirement Benefits? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18.	Does the firm direct the sequence in which the work must be done? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19.	Are the worker's services available to the general public? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	A) If yes, does the worker advertise? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	B) If yes, does the worker carry business liability insurance? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20.	Can the worker be discharged at any time without the firm incurring a work contract penalty? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21.	Is the worker responsible for redoing defective work without additional compensation? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22.	Questions for Salespersons:		
	A) Does the worker sell:		
	1)Merchandise for resale or business supplies? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2)Consumer products or services directly to individuals? (If yes, attach a copy of any written agreement.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	B) Does the worker sell full time for the firm? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	C) Can the worker sell for a competitor? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	D) Is the worker required to make an investment? (other than travel expenses and transportation) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	E) May the worker be penalized for not attending sales meetings? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

23. The worker was an ☐ employee ☐ independent contractor (please check the correct one) while working for the firm. Please explain the reasons for your answer.

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**I have reviewed this questionnaire, including accompanying documents, and to the best of my knowledge and belief, the facts are true and correct. Knowingly providing false or misleading statements to the Department of Revenue is punishable as a third degree felony pursuant to Section 443.071, Florida Statutes.**

☐ Firm's Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Title \_\_\_\_\_

☐ Claimant/Worker's Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ Field Auditor/Claimstaker \_\_\_\_\_ Date \_\_\_\_\_

Comments: